


Please type a plus sign (+) inside this box 

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. N9450.0019/P019

First Inventor Shinichi Komura

Title DISPLAY METHOD AND DISPLAY, etc.

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
See 37 CFR 1.27
3. ☒ Specification [Total Pages 104]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 21]
5. Oath or Declaration [Total Pages]

- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

6. ☐ Application Data Sheet See 37 CFR 1.76

ADDRESS TO: Box Patent Application
Commissioner for Patents
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies), or ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other. Claim for Priority

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



24998

or ☒ Correspondence address below

Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
Mark J. Thronson

Address 2101 L Street NW

City Washington State DC Zip Code 20037-1526

Country Telephone (202) 785-9700 Fax (202) 887-0689

Name (Print/Type) Mark J. Thronson Registration No. (Attorney/Agent) 33,082

Signature [Signature] Date June 8, 2001

FEE TRANSMITTAL for FY 2001		Complete if Known	
<i>Patent fees are subject to annual revision.</i>		Application Number	Not Yet Assigned
		Filing Date	June 8, 2001
		First Named Inventor	Shinichi Komura
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$) 870.00		Attorney Docket No.	N9450.0019/P019

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 04-1073</p> <p>Deposit Account Name: </p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (print/type)	Mark J. Thronson	Registration No (Attorney/Agent)	33,082
Signature		Telephone	(202) 775-4742
		Date	June 8, 2001